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**Philippine TIPS**  
TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

# PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

## TWELFTH QUARTERLY AND THIRD ANNUAL REPORT

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## ACRONYMS

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AFB	Acid Fast Bacilli
APMC	Association of Philippine Medical Colleges
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
CADPI	Central Azucarera Don Pedro, Inc.
CDC	Centers for Disease Control and Prevention
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
COE	Center of Excellence
CSR	Corporate Social Responsibility
CUP	Comprehensive and Unified Policy for TB Control
DLSU	De la Salle University
DOH	Department of Health
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
DSAP	Drugstores Association of the Philippines
FACE	Foundation for the Advancement of Clinical Epidemiology, Inc.
FDC	Fixed-Dose Combination
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HMO	Health Maintenance Organization
HPDPB	Health Policy Development and Planning Bureau
HSRA	Health Sector Reform Agenda
ICS	Integrated Communication Strategy
IEC	Information, Education, Communication
IR	Inception Report
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KAGABAY	Kabataan Gabay ng Bayan
KAP	Knowledge, Attitude, Practice
LEAD	Local Enhancement and Development for Health project
LGU	Local Government Unit
MDH	Manila Doctors Hospital
MHO	Municipal Health Office
MMLDC	Manuel M. Lopez Development Center
MOA	Memorandum of Agreement
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MTBEA	Master TB Educator Awards
MTBEA2	Master TB Educator Awards (2 <sup>nd</sup> round)
NGO	Nongovernmental Organization
NTP	National Tuberculosis Program
NTRL	National TB Reference Laboratory

OD	Organizational Development
OR	Operations Research
OSHC	Occupational Health and Safety Commission
PAFP	Philippine Academy of Family Physicians
PAMET	Philippine Association of Medical Technologists
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chambers of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCR	Philippine College of Radiology
PDF	Private Drug Facility
PDI	Pharmacy DOTS Initiative
PHIC	Philippine Health Insurance Corporation
PhilCAT	Philippine Coalition Against Tuberculosis
PMP	Performance Monitoring Plan
PPhA	Philippine Pharmaceutical Association
PPMD	Private-Public Mix DOTS
PTSI	Philippine Tuberculosis Society Inc.
RCC	Regional Coordinating Committee
RFA	Rapid Field Appraisal
RGF	Roxas Gargollo Foundation
RITM	Research Institute for Tropical Medicine
SA	Situation Analysis
SDF	Single-Dose Formulation
SPN	Single Practice Network
TBDC	TB Diagnostic Committee

## Executive Summary

Philippine TIPS has achieved tremendous success during its three years of implementation, as recognized by external experts and evaluators, project stakeholders and beneficiaries, and other members of the medical and development community in the Philippines and worldwide. The project has met and in some cases exceeded its original targets one month prior to the official end date of September 30, 2005, prompting USAID to begin the one-year extension period early. The chart below summarizes our performance vis-à-vis contract deliverables.

Contract Deliverables	Project Performance to Date
1. Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives.	1. Conducted knowledge, attitude and practice (KAP) survey. 2. Developed and implemented the project's PMP.
2. A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB-DOTS treatment by private providers.	1. Completed burden of disease (BOD) study. 2. Completed development of the Private Sector Drug Facility (PDF) mechanism to provide private sector access to quality anti-TB drugs. 3. Facilitated drafting of the DOLE D.O. 73-05 "Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Work Place," signed on March 30, 2005. Facilitated official launch of the D.O. and its publication in the <i>Manila Bulletin</i> . 4. Facilitated consolidation and unification of TB control policies through the Comprehensive and Unified Policy (CUP) for TB Control in the Philippines (per Executive Order No. 187, signed by the President of the Philippines on March 21, 2003, and published for dissemination in March 2005). 5. Performed consolidation of TB-specific provisions of existing laws into a compendium of policies to serve as legal basis for promoting TB-DOTS in selected localities. 6. Assisted in formulation of incoming secretary of Health's TB policy agenda and its presentation at the PhilCAT 2005 convention policy forum. 7. Developed the TB policy and finance framework with special emphasis on ensuring drug supply, sector-wide financing framework, and multi-year budgeting.
3. Best strategies identified to improve and expand DOTS implementation in the private sector.	1. Developed and enhanced 11 private sector TB-DOTS models in 30 service delivery points: <ul style="list-style-type: none"> <li>Hospital-based (11 clinics) – Manila Doctors, UST, Ranada Hospital, Villaflor Hospital, AUF Hospital, Premiere General Hospital, St. Dominic, Mother Seton, RTR Hospital, St. Anthony, Iloilo Doctors Hospital</li> </ul>
4. Private sector TB-DOTS service models implemented in specific areas to demonstrate potential for replication.	
5. Best TB-DOTS approaches/service models implemented in at least 25 service delivery	

Contract Deliverables	Project Performance to Date
points in strategic cities/municipalities nationwide.	<ul style="list-style-type: none"> <li>• Coalition-based (2 clinics) – DLSU-CCCAT in Cavite and KALTB-SAMBADI in Batangas</li> <li>• HMO-based (1 clinic) – PhilamCare</li> <li>• Multi-specialty clinic-based (11 clinics) – FriendlyCare, Cotabato Doctors, HMRG, Caremeds, Agape, Canossa, PTSI Cebu, QI, ZCMS, PATHS, CIM Cebu (MTBEA)</li> <li>• 3 Formal Workplace models in 2 sites: CADP DOTS plus, Toyota (HMO referral), American Standard (public referral)</li> <li>• 2 Informal Workforce models in 2 sites: urban (Aboitiz-Baseco) and rural (CADP-Nasugbu)</li> <li>• Pharmacy DOTS Initiative (7 sites)*</li> <li>• Single practice network (SPN)**</li> </ul> <p>*PDI sites are not considered full service delivery points **SPN has not been implemented, only piloted</p>
6. Teaching and training of TB-DOTS conducted in medical professional schools, and behavior change campaigns implemented to improve the treatment behavior of providers.	<ol style="list-style-type: none"> <li>1. Project-developed DOTS syllabus has been adopted by a number of medical schools. Complementing this effort is the Master TB Educator Award, a grant given to 10 schools to help develop capacity of TB educators.</li> <li>2. Conducted Basic DOTS training for 3,000 doctors, which is the primary requirement for certification. Among those trained, more than 1,000 have been certified. There are now 402 DOTS-engaged physicians in the TIPS-supported sites.</li> <li>3. In addition to Basic DOTS training, prepared and implemented various training modules for DOTS providers, TB Diagnostic Committees, and TOT.</li> <li>4. Leveraged partnerships with news media into national and international exposure for key TB-DOTS messages.</li> <li>5. Implemented a communications campaign to change behavior of doctors towards DOTS and to provide communications support to other tasks.</li> </ol>
7. Appropriate guidelines and regulations are developed to promote necessary reimbursement program among private health groups.	<ol style="list-style-type: none"> <li>1. Facilitated development and testing of PhilHealth certification standards, instruments, and procedures.</li> <li>2. Assisted in formulation of strategy and guidelines to increase TB benefit utilization and to improve efficiency of PhilHealth reimbursement.</li> </ol>

Below we summarize our performance vis-à-vis the performance monitoring plan:

PMP Target	Project Performance to Date
1. 85 percent success rate in DOTS units assisted by the project	87 percent success rate
2. 600 certified DOTS engaged medical doctors	<ul style="list-style-type: none"> <li>1100 total certified DOTS MDs (including TIPS, TBDC and PhilCAT)</li> <li>704 certified MDs in TIPS sites of which 475 are referring MDs</li> </ul>
3. 31 certified private DOTS programs/clinics/centers	<ul style="list-style-type: none"> <li>41 PhilCAT-certified <u>private</u> PPMD units out of 153 total nationwide</li> <li>23 PhilCAT-certified PPMDs directly supported by the project, of which 15 are PHIC-accredited (includes 20 original TIPS grantees and 3 units previously supported by CDC/PhilCAT)</li> </ul>
4. 50 percent of private physicians in the project sites practicing DOTS	25 percent as of Oct 2003
5. 13 covenants to provide quality DOTS services and TB patient rights expanded	15 covenants signed: <ul style="list-style-type: none"> <li>6 societies</li> <li>2 pharmacy chains</li> <li>2 pharmacies</li> <li>1 PhilHealth</li> <li>2 companies</li> <li>2 Rotary districts</li> </ul>
6. Access of private sector to TB health services financing and affordable and quality TB drugs.	24 private clinics have access to medicines: <ul style="list-style-type: none"> <li>20 TIPS grantees</li> <li>4 workplace clinics</li> <li>PhilHealth TA partially accomplished</li> </ul>
7. Proportion of Philippine TIPS-supported TB DOTS centers with 85 percent treatment success rate	58 percent of TB DOTS centers assisted by the project

In addition to these important quantitative results, the Philippine TIPS project went above and beyond its initial targets to expand into areas that were not necessarily reflected in its deliverables or envisioned at the onset of project design and implementation. However, these areas were nevertheless essential in paving the way for the project's success:

- The Philippine TIPS project has developed a strategic partnership with the Philippines Coalition Against Tuberculosis (PhilCAT) and has provided extensive technical assistance in capacity building and organizational development. TIPS assisted PhilCAT in preparation of its strategic plan and organizational development and sustainability plan. The project continues to work with the coalition to implement its organizational development action plan, strengthen professional societies, and develop local coalitions. Together, we have been able to affirm PhilCAT's vision, desired mission, objectives and key strategies, and programs with regard to TB control and management.
- The project has conceived, piloted, evaluated, and expanded the DOTS certification and accreditation system—one of our flagship initiatives that went above and beyond our most optimistic expectations. This pioneering work has been validated by expert groups and training road shows and has drawn the attention of many stakeholders in the Philippines and abroad as a method for improving quality DOTS. Within less than 18 months, DOTS certification has been institutionalized by the issuance of a

Department of Health department order. We also trained the core group of DOTS certification assessors nationwide.

- The project facilitated and developed DOTS core curriculum with the Association of Philippine Medical Colleges (APMC). The commitment of the APMC to adopt the curriculum paved the way for full integration of the syllabus in medical schools. APMC is now fully committed to ensure the continuity of DOTS integration in medical schools.
- In addition to integration of DOTS in the medical schools' curriculum, the project has worked with nursing, medical technology and pharmacy schools to incorporate relevant DOTS topics in their pre-service curriculum. Incorporating DOTS in other allied medical curricula helps improve other providers' capacities. For example, future nurses can be trained to help as DOTS managers, medical technologists can be trained as microscopists, and pharmacist can understand health seeking behavior of TB patients.
- Philippine TIPS contributed to building capacity and increasing the number of functional diagnostic committees that support the DOTS clinics assisted by the project. TB Diagnostic Committee (TBDC) training equipped the TBDC members with the necessary skills to adopt basic policies, key concepts, and approaches to diagnosing smear negative cases.
- Since its inception, the project has followed a highly scientific, deliberate, and strategic process to achieve its outputs by way of extensive in-depth operations research that led the design and implementation of our DOTS models by identifying service delivery gaps and directing attention towards strategic interventions. Our research efforts were especially significant in the development of the Pharmacy DOTS Initiative (PDI) model, an innovative approach to correct inappropriate TB drug-dispensing practices and self-medication that aggravate the problem of controlling TB in the country. This is the first initiative of this nature in the world, particularly in terms of magnitude and careful documentation of its impact.
- Essential to our success was creating linkages between the clinics and the regional DOH/Center for Health Development (CHD) office and between provincial and city health offices. We established and/or assisted Regional Coordinating Committees for Public-Private Mix DOTS (RCC-PPMD) in 12 regions where our grantees were present. RCCs coordinate and facilitate PPMD activities in certification and monitoring of DOTS facilities, provision of drug and laboratory supplies, recording and reporting, and advocacy campaigns.
- The burden of disease (BOD) study, conducted at the onset of the project, was strategically disseminated to selected audiences and given wide media coverage. We succeeded in generating considerable press coverage for the BOD study, including a widely used wire report by Agence France Press, two major editorials in a leading broadsheet, the *Philippine Star*, and a leading Filipino-language tabloid, *Pilipino Star*; segments in news programs of major TV networks (ABS-CBN and ABC 5); news articles in most of the leading broadsheets; citations in essays by widely read columnists; and inclusion in several news websites.
- To disseminate lessons and best practices in private sector TB DOTS, the project gained high exposure in both national and international forums. These include the 2003, 2004 and 2005

International Union Against Tuberculosis and Lung Disease (IUATLD) world conferences in Paris, the TB advocacy workshop of the National Coalition for the Elimination of TB, the Philippine Business Conference, the 2004 and 2005 PhilCAT conventions, the 2004 IUATLD advocacy workshop in Bangkok, the 9<sup>th</sup> annual IUATLD North American Region meeting in Vancouver, Canada, and the American Public Health Association annual meetings.

This report presents the brief description of the Philippine TIPS project and overview of general approach and strategy to date, followed by the detailed account of project accomplishments in year three with special emphasis on the last quarter. Due to the early commencement of the extension year (September 1, 2005 instead of the original estimated date of October 1, 2005), this report reflects a curtailed two-month quarter, covering July and August 2005. Activities implemented in September 2005 will be presented in the next quarterly report, which will be organized according to the project's year four structure and new contract deliverables.

## SECTION I

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### Project Description

Philippine TIPS works to increase the successful diagnosis and treatment of TB patients through private sector services in selected sites. The project improves and standardizes TB control using a TB diagnosis and treatment control approach known as DOTS – Directly Observed Treatment, Short Course. Currently, the project has six tasks and seven major deliverables. Each deliverable corresponds to a specific task, except for one deliverable (Deliverable A) which requires contributions from all tasks:

Project Tasks	Major Deliverables
Inputs from all tasks.	<b>Deliverable A:</b> Baseline TB success rate data, and a scale of measurement indicators of achievement of contract objectives.
<b>Task 1:</b> Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.	<b>Deliverable B:</b> A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
<b>Task 2:</b> Operations Research (OR). Best strategies identified to improve and expand DOTS implementation in the private sector.	<b>Deliverable C:</b> Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
<b>Task 3:</b> DOTS Model Development. Private sector models developed, implemented, and assessed.	<b>Deliverable D:</b> Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
<b>Task 4:</b> DOTS Models Replication. Best approaches/models are implemented and adapted in strategic cities and municipalities nationwide with a potential for replication beyond those sites.	<b>Deliverable E:</b> Best TB DOTS approaches/service models implemented in at least 25 service delivery points in strategic cities/large municipalities nationwide.
<b>Task 5:</b> Training, Certification, and Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers.	<b>Deliverable F:</b> Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers.
<b>Task 6:</b> Financing. National health care financing schemes that strengthen private sector delivery of TB service developed and implemented.	<b>Deliverable G:</b> Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

In the first year of the project, efforts were focused on groundwork activities, e.g., establishing the policy strategy, organizing policy consultation groups, generating TB visibility in the news media, developing partnerships with DOTS model implementers, preparing assessment tools for existing models, and designing new DOTS models in private sector settings.

Recognizing the primacy of the overall objective of achieving an 85 percent success rate in the private sector TB treatment using DOTS in project sites, the centerpiece of the second-year work plan was model development and replication/expansion in 25 strategic units nationwide.

At the beginning of the third year of the project (October 2004), more than 25 DOTS service delivery points were in place, which included DOTS Fund grantees (20), formal DOTS in the workplace models and replicants (6), and informal DOTS in the workforce models (2).

Alongside this core effort, but no less important, were programs and activities that contributed to building or enhancing institutions that enable, promote, and sustain the practice of DOTS in the private sector. These include improving the policy environment and financing mechanism for TB treatment, strengthening the integration of the DOTS syllabus in the medical curriculum, continuing medical education programs, and communication support to various institutions.

As the Philippine TIPS project enters its fourth and final year of implementation, the strategy is shifting towards stronger emphasis on the enhancement of the proven TB DOTS models, consolidation of best practices and lessons learned, and laying the groundwork for institutional transfer of knowledge and key project functions to in-country institutions.

Through mutual agreement with USAID, it was determined that as of August 31, 2005 – one month prior to the base period end date of September 30, 2005 - Philippine TIPS had met and in some cases exceeded all its contract deliverables. It was therefore decided to commence the one-year option period on September 1, 2005, rather than the originally anticipated October 1, 2005. In September 2005, USAID and Chemonics International Inc. proceeded to execute a one-year contract modification extending the Philippine TIPS project to August 31, 2005.

This contract amendment formalized a modified project structure and put forward a new set of deliverables aimed at achieving two major strategic goals: to strengthen and consolidate evidence-based, quality private DOTS service delivery systems that are efficient, effective, accessible, client-oriented, and sustainable; and to identify and develop local capacities, structures, and mechanisms to sustain private DOTS service delivery systems.

The current report is based on the base contract deliverables and tasks, and tracks our performance vis-à-vis the targets outlined in the year three work plan. Reflecting the new project timeframe and early completion of contract deliverables, this report covers the curtailed twelfth quarter (July – August 2005) and year three (September 2004 to August 2005).

## SECTION II

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### Twelfth Quarter and Third Year Accomplishments

#### **Deliverable A: Baseline data collection and performance monitoring plan**

**Objectives:** Establish private providers' knowledge, attitudes, and practices (KAP) on TB treatment and periodically update and submit reports on the project's performance monitoring plan.

**Major Accomplishments:**

- Completed the first Private Physicians KAP study
- Presented the results of the study at PhilCAT convention
- Prepared for dissemination of the study at the IUATLD and APHA conferences
- Initiated discussions on the follow-on study to be completed in year four
- Implemented the project's PMP in close coordination with USAID

#### **Baseline Survey of Private Physicians' Knowledge, Attitude and Practice (KAP)**

The baseline survey of private physicians' KAP of DOTS was completed during year three through a subcontract with the University of the Philippines Economics Foundation (UPECON). The study identified a total of 8,000 private physicians, of which 1,535 were surveyed — a landmark in Philippine medical practice surveys. A situation analysis in six selected sites complemented the survey. Conclusions from the study reflected the positive impact of DOTS basic training, the significant increase in DOTS practice among physicians in project sites, and the probability that the cost of DOTS services in the private sector (without the cost of anti-TB drugs) could be covered by the PhilHealth outpatient benefit package of P4,000.

During the 12<sup>th</sup> quarter, the Philippine TIPS Chief of Party and the principal investigator from UPECON were invited by the PhilCAT Scientific Committee to make the first public presentation of the study at the 2005 PhilCAT convention. During the scientific session, one of the reactors noted that this is the first study that identified private sector practices and recommended that the study be published in peer-reviewed journals. The project plans to further disseminate the results of the study to international expert audiences at the DOH Essential National Health Research forum, International Union Against Tuberculosis and Lung Diseases (IUATLD) meeting in Paris in October 2005, and the American Public Health Association (APHA) convention in Philadelphia in December 2005.

During this quarter, the project began discussions with a local research firm regarding a follow-on survey to be conducted during the project's final year. Please refer to Task 2, Operations Research section below for more information on the development and implementation of this study. Beginning with the 13<sup>th</sup> quarterly report and in line with the new project structure, we will report on the implementation of this component in the Operations Research section under the Supply task.

## **Performance Monitoring Plan (PMP)**

The project's PMP continues to show that five out of six indicators are showing improvement, continuing to exceed the contract targets. The remaining indicator on private physicians' TB treatment practices can only be tracked through implementation of a comprehensive follow-on study to the first KAP study mentioned above. The project will have the results of this PMP element by the second quarter of 2006, when the initial reports from the follow-on study are submitted and analyzed.

During the course of the year, the project has worked closely with the Mission to incorporate new targets and harmonize the project performance indicators with those of USAID. Per USAID's request, we have added an additional indicator, proportion of Philippine TIPS-supported TB DOTS centers with 85 percent treatment success rate. While this indicator is not contractually required, Philippine TIPS will provide quarterly data for this indicator to be used in USAID's own PMP.

Beginning with the 13<sup>th</sup> quarterly report and in line with the new project structure, we will report on the implementation of the PMP in the Monitoring and Evaluation task section.

### **Next Quarter Target**

- Finalize subcontract with the local research firm and begin preparatory activities related to the second provider study

**Deliverable B: A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.**

### **Task 1: Enabling Environment**

**Objective:** Implement policy reform agenda related to drug access, DOTS quality assurance, and promotion of TB patient rights.

#### **Major Accomplishments**

- Developed implementation strategies for the Private Drug Facility
- Assisted the Department of Health in the development of intensified TB control policy
- Engaged Quezon City stakeholders in preparation for the intensified TB control policy and initiated *Sagip-Baga* Quezon City
- Assisted the Department of Labor and Employment in crafting and launching its Department Order 73-05 on TB control in the workplace
- Provided information on TB DOTS, TB patients' rights, and TB in the workplace to the business sector during the Philippine Business Conference
- Assisted the Department of Health in the update of its Comprehensive and Unified Policy on TB and revision of the Manual of Operations to include FDC regimens, PPMD guidelines, TB diagnostic committee, and health promotion
- Signed memoranda of agreement with employer groups on workers' TB rights
- Signed memoranda of agreement with Rotary Philippines Makati and Quezon City
- Conducted TB policy forum during the PhilCAT convention
- Assisted professional medical societies in the development of action plans for quality-assured TB DOTS services
- Initiated dialogues with professional diagnostic societies

### **Private Drug Facility (PDF)**

The first phase of PDF development identified problems in drug procurement, distribution, storage, use, as well as financing confronting private sector provision of TB care. The initial findings indicated that while the government remains committed to meet TB drug requirements of both public and private DOTS centers, uncertainties in budget allocation and allotment, coupled with lack of mechanisms for multi-year budgeting, can hamper the capacity of the DOH to honor this commitment beyond 2006. Likewise, sufficient drug supply can be assured only through 2007 even if the current TB drug budget is maintained and the price of GDF drugs remains stable. Consequently, improvements are needed in the distribution, storage, use, and financing of TB drugs in order to maintain uninterrupted supply.

The second phase of PDF development focused on identifying policies and strategies aimed at addressing these issues. Throughout year three, the project conducted workshops, interviews and situation analyses of PPMDs, leading to an important stakeholder workshop in January 2005 that determined stakeholder

support and influence on policy makers on such key issues as TB product registration, pooled procurement by private DOTS centers, utilization of information technology to improve inventory management, and multi-year budgeting.

The focal point of these discussions was the concept of restricted retail of TB drugs to DOTS compliant dosage and packaging, and the alternative procurement, distribution and delivery of GDF-quality TB drugs. Based on these discussions, the project concluded that city and municipal ordinances may provide the necessary legal mandate should an issuance from BFAD be difficult to obtain. While the ability of BFAD to effectively monitor drug retail sales by pharmacies is hampered by limited manpower, monitoring by pharmacies can also be undertaken by municipal and *barangay* officials with the cooperation of civic and non-government organizations.

On the issue of alternative procurement, distribution and delivery of TB drugs, the team concluded that the existing infrastructure of the Philippine International Trading Corporation (PITC) well positions it to be the agency for procuring TB drugs from GDF white-listed manufacturers. Distribution and delivery of PITC-procured drugs to DOTS centers can be undertaken by external logistics providers with additional help from the *Botica ng Bayans* (PITC accredited pharmacies) as necessary. However, LGU financing may be needed, given the limited capacity of PITC and the DOTS centers.

### **Intensified TB Control Policy**

The project's efforts towards the development of intensified TB control policy began in February 2005. To complement TB control initiatives of other organizations, Philippine TIPS closely coordinated its activities with TB Policy Cluster, specifically the USAID-funded LEAD project.

During year three, Philippine TIPS laid the groundwork for implementation of intensified TB control policy with the introduction of the zonal approach for combating TB. Under the zonal approach, specific TB control activities are locally centered, with stakeholders joining forces to ensure that only TB DOTS services are provided to patients. The Department of Health continues to provide coordination, supervision, and a significant portion of TB drug requirement.

The project implemented a series of roundtable discussions for public and private sector stakeholders. Insights from these discussions served as inputs to a write shop that produced an operational framework and strategy for intensified TB control policy. These documents were later presented during the TB policy forum which served as part of PhilCAT convention and was attended by 250 representatives of private and public sector providers and non-government organizations.

The proposed operational framework indicated such elements as identification of localities that constitute natural TB control zones, ranking of TB control zones in terms of TB burden, criteria for selection of priority zones, selection of target patients, designation and selection of providers within the immediate vicinity of patients, and the creation of enabling local environment to promote TB DOTS.

To implement this operational framework, Philippine TIPS recommends developing national policies on program management, financing, legal mandates and regulatory standards to support localized CUP implementation, as well as scaling up of CUP implementation within TB control zones through integration of private and public, national and local efforts and resources. The project also envisions reduction of low quality TB care through introduction of incentives for TB patients to seek, and providers to dispense, only quality TB DOTS services.

### ***Sagip-Baga Quezon City***

Through its Mayor Feliciano Belmonte, Quezon City volunteered to be the first advanced implementation site for TB control strategy. Following the initial dialogue with Mayor Belmonte in June 2005, Philippine TIPS has conducted regular consultations with other members of Quezon City administration – City Health Officer Dr. Paz Ugalde and his staff, City Treasurer and City Budget Officer, among others. In July and August 2005, a series of presentations were made on adopting the intensified TB control policy for implementation in Quezon City.

Following these presentations and the expression of commitment by the Quezon City LGU administration, a consensus was reached to form a core team composed of stakeholders from the Quezon City LGU, the DOH, private providers, donor and non-government organizations, the mass media, and the Quezon City corporate sector under the leadership of Mayor Belmonte. As this core team is presently being constituted, Philippine TIPS together with Dr. Ugalde, Lung Center of Philippines head Dr. Rubio and DOH-CHD Dr. Bayugo are organizing consultative meetings with stakeholders to help formulate the implementation strategy for *Sagip-Baga Quezon City*.

### **TB Patients' Rights in the Workplace**

The primary objective of this initiative is to reduce and eventually eliminate employment discrimination against TB patients, and to promote DOTS for TB case detection and treatment in the workplace. Philippine TIPS adopted a two-prong approach - assistance to the Department of Labor and Employment (DOLE) in drafting the TB workplace guidelines, and increasing employer awareness and forging covenants on TB DOTS in the workplace with employer groups and corporations.

Assistance to DOLE in the development of TB workplace guidelines came to fruition with the signing of Department Order 73-05-Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace on March 30, 2005. In July 2005, we assisted the DOLE Occupational Safety and Health Center (OSHC) to formally launch this DO at the OSHC complex in Quezon City. In addition, the project provided logistical support to follow-up activities, such as free publication of the DO in the *Manila Bulletin* on July 19, 2005.

Increasing employer awareness on TB DOTS and subsequent positive response has also proved successful. The project initiated dialogue with individual corporations like PLDT, which employs more than 10,000 people. As part of their corporate social responsibility program, PCCI provided a slot for Philippine TIPS to make a road show presentation during the 2004 Philippine Business Conference.

Discussions with the Employers Confederation of the Philippines (ECOP) have yielded a memorandum of agreement to promote workers' TB rights and compliance with the DO by ECOP.

### **DOTS Quality Assurance**

Aiming to promote quality DOTS services, Philippine TIPS has signed memoranda of agreement with six professional societies - Philippine College of Physicians (PCP), Philippine College of Chest Physicians (PCCP), Philippine Society of Microbiology and Infectious Disease (PSMID), Philippine College of Occupational Medicine (PCOM), Philippine Academy of Family Physicians (PAFP), Philippine Pediatric Society (PPS), and the Philippine Coalition Against Tuberculosis (PhilCAT). Subsequently, the project worked with PhilCAT and the six societies to formulate action plans and identify priority activities to sustain TB DOTS quality assurance initiatives from 2005 to 2007.

Philippine TIPS sponsored workshops and conducted other activities to facilitate coordination of activities among the professional medical societies and to ensure integration of TB DOTS into the societies' regular quality assurance programs, including pre-service and in-service training, accreditation, fellowship examinations, and research. Such activities include:

The project has been working to reach consensus on diagnostic standards and procedures, quality assurance mechanisms for TB diagnosis, the roles of stakeholders with regard to certification and accreditation of AFB microscopy centers, and TB Diagnostic Committees. To achieve this, we continue active dialogue with the Philippine College of Radiology (PCR), Philippine Association of Medical Technologists (PAMET), Philippine Society of Pathologists (PSP), and the National Reference Laboratory (NRL). With the launching of DOLE DO 73-05, a series of training courses for company physicians on Basic DOTS have been conducted by PhilCAT with the support of the Philippine TIPS and PCOM.

### **Covenant with Rotary Philippines**

Philippine TIPS has collaborated with Rotary Philippines to launch its *STOP TB 2005* project. In September 2004, the project signed memoranda of agreement with the Makati and Quezon City chapters of the Rotary to mobilize generate public awareness on TB DOTS, refer TB suspects to DOTS centers for proper diagnosis and treatment, and assist in monitoring and ensuring adherence to DOTS treatment. Philippine TIPS agreed to provide technical and material support to the Rotary Districts, such as training materials and facilitating access to certified DOTS centers by TB suspects and cases identified during the community mobilization activities. We also provided the Rotary with the directory of certified DOTS centers.

### **Comprehensive and Unified Policy for TB (CUP)**

Philippine TIPS has responded to the DOH request for support in updating the CUP and the NTP Manual of Procedures (MOP). During the course of the third year, we have provided technical assistance to

include additional sections and guidelines on PPMD, TB Diagnostic Committee, fixed-dose combination regimen and health promotion and advocacy.

The project has also assisted DOH in the technical editing and layout of the CUP and the MOP, as well as in the launching of the revised CUP on March 30, 2005. This event was attended by DOH officials, members of the partner government agencies and private institutions, and academicians.

### **Next Quarter Targets**

- Finalize PDF implementation plan and integrate its elements in the intensified TB control policy
- Integrate covenants with professional societies and employers in the intensified TB control policy
- Assist the DOH and engage other stakeholders in the continued development of a national strategy for localized implementation plan of the intensified TB control policy
- Identify two additional sites for implementation of intensified TB control strategy
- Initiate implementation of intensified TB control effort in Quezon City through *Sagip-Baga*
- Continue to engage professional medical societies, employers, civic organizations in support of the intensified TB control policy

## **Deliverable C: Best strategies identified through operations research to improve and expand TB DOTS implementation in the private sector**

### **Task 2: Operations Research**

**Objective:** To advance private sector DOTS model development with reliable, evidence-based information, to identify and provide solutions to key management and operational obstacles, and to enhance program effectiveness.

**Major Accomplishments:**

- Implemented the Pharmacy DOTS Initiative:
  - evaluated seven pilot sites and disseminated evaluation results
  - revised PDI monitoring form, IEC, training materials and manual of operations
  - provided technical assistance to involve pharmacies in selected DOTS clinics sites
  - conducted turn-over of four sites to local stakeholders
  - prepared for saturation of three remaining sites
- Designed the Single Practice Network model:
  - conducted SPN feasibility study
  - identified potential DOTS support organizations
  - developed SPN tools and instruments
  - prepared SPN final report
- Prioritized, evaluated and selected priority operations research studies

### **Pharmacy DOTS Initiative (PDI)**

During year three, the project completed the Mystery Shopper Study and PDI evaluation in seven pilot sites. Results of the study showed significant positive differences in TB dispensing practices of PDI pharmacies compared to non-participating pharmacies, indicating that the project has achieved its objectives for reaching self-medicating clients and improving TB drug dispensing practices. The study showed that PDI pharmacies have a significantly higher percentage of refusal to sell anti-TB drugs to clients without prescription (87 percent compared to 35 percent for non-PDI pharmacies), and higher incidences of pre-screening, information-giving and referral to DOTS clinics.

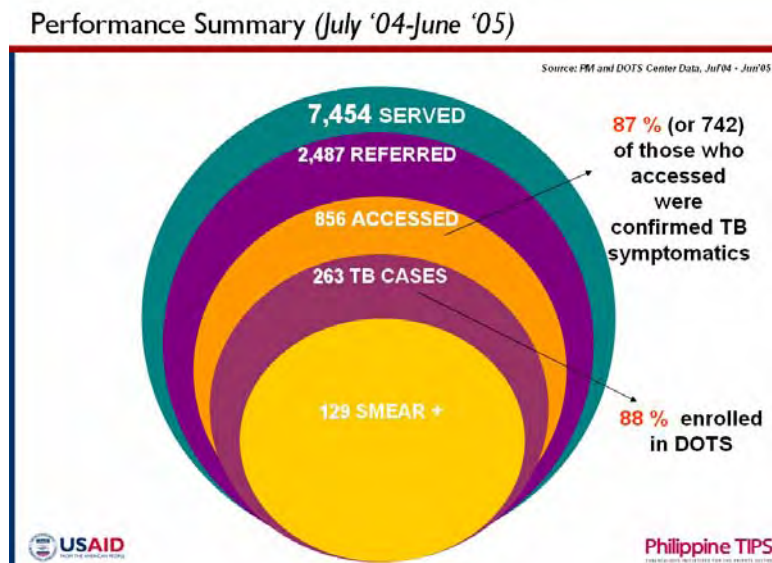
These results of the study were disseminated in all sites during validation exercises and at the National PDI Dissemination conference on March 8, 2005, which was chaired by Undersecretary of Health Dr. Ethelyn Nieto. Other partners, including the World Health Organization, praised PDI as an innovative strategy and recommended its continuation and further expansion to other cities in the country.

The project continued to improve and streamline the PDI model with the revision of IEC, training, and monitoring materials, and by conducting training on these new tools. In addition, we have installed sustainability mechanisms through inclusion of PDI training modules in the training of pharmacy staff of such national pharmacy chains as Mercury Drug and Watson's, as well as in this year's Continuing Pharmacy Education program of the Philippine Pharmaceutical Association. Other smaller chains, such as Carlos Superdrug and Manson Drug, are now adopting PDI modules in their regular staff orientation as

officially announced by their president, Ms. Celia Carlos, and training coordinator, Ms. Marilyn Tiu during the turnover ceremony in Quezon City.

Upon the request of our local stakeholders, the project team provided technical assistance to involve pharmacies in the areas with Philippine TIPS-supported DOTS clinics in Tacloban, Laoag City, Ilocos and Puerto Princesa City, Palawan.

Below is a summary of PDI performance outcomes:



During the 12<sup>th</sup> quarter, we successfully turned-over four of the pilot sites to the local government and/or health offices. Turnover ceremonies for Cagayan de Oro, Davao, Dagupan and Quezon City were held throughout July and August 2005, with local governments, RCC and pharmacy groups issuing official statements to continue the implementation of PDI activities. Philippine TIPS will continue to monitor performance of PDI in these areas as well as those in our saturation sites.

During this quarter, Philippine TIPS also finalized PDI saturation plan to include at least 80 percent of all pharmacies in our three saturation sites which is scheduled to begin in year four.

### Single Practice Providers Network (SPN)

Development of the SPN model began in October 2004 with the implementation of a feasibility study, followed by coordination meetings with key stakeholders and possible partners in Cebu and Dumaguete.

Later in the year, following the results of external project evaluation and USAID guidance, the priorities of SPN work shifted from testing the model in selected sites to developing tools and mechanisms to allow single practice physicians to deliver DOTS in collaboration with support organizations, such as the pharmacies, cooperatives, HMOs, and laboratories. In collaboration with these partners, the project team configured DOTS delivery processes that could be implemented in their operational contexts. A DOTS

Partner Network training was held on May 14, 2005 in Cebu City, organized collaboratively with the DOH Center for Health Development, which was attended by 15 private physicians and 17 representatives from local institutions, such as cooperatives, health NGOs, and civic organizations.

In pre-testing SPN tools, the project team worked with organizations having pre-existing network of private physicians in their sphere of influence, called “DOTS Supports Organizations”<sup>1</sup> (DSOs). This effort has led to the engagement of such HMOs as Star Care, Fortune Care and IMS Wellth Care Inc., serving over 200,000 public school teachers, to enter into a memorandum of understanding with Philippine TIPS and the Department of Education. The MOU aims to make DOTS the standard mode of TB management among the HMOs’ network of affiliated physicians, and to outline the initial mechanisms for coordination between the HMOs and the Department of Education. The MOU is currently under review and is expected to be signed during the next quarter.

Consistent with the projects implementation strategy, the 12<sup>th</sup> quarter marked the completion of the SPN initiative.

### **Operation Research (OR) Studies**

During this year, the project explored priority OR topics aimed at strengthening project-supported DOTS clinics during a proposal writing workshop involving various local research institutions across the country. The workshop, which took place on February 28, 2005 yielded nine proposals, six of which were subsequently chosen for further consideration.

During the 12<sup>th</sup> quarter, two of the six proposals submitted by the research proponents were identified by the project as having the highest priority in relation to our data needs - “A quality of care of PPMD clinics” by the College of Public Health, and “Increasing private physicians referrals to PPMD units through social marketing” by the Institute of Public Health Management (IPHM).

Due to our financial constraints, however, the team selected only one study to be considered for future funding, which will serve as the follow-on study to the baseline KAP survey conducted in 2004 by UPECON. This study will provide essential data for the Philippine TIPS performance indicator on the DOTS practices of private providers of the project’s performance monitoring plan. The study was redesigned to focus on the knowledge, attitude and practice of private physicians and to make it comparable with the first study. IPHM is currently in the process of finalizing their proposal to accommodate the new emphasis and adjusting costs in accordance with the Philippine TIPS financial requirements. Implementation will commence during the next quarter.

### **Next Quarter Targets**

- Train PDI master trainers
- Conduct general orientation for pharmacies and stakeholders

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<sup>1</sup> DOTS support organizations (DSOs) represent groups like HMOs, schools, big business, cooperatives, civic and religious organizations with a network of physicians under their influence.

- Conduct signing ceremonies for PDI saturation sites
- Conduct training of PDI pharmacy staff in saturation sites
- Conduct Training of Trainers for selected national pharmacy chains
- Sign memorandum of understanding with the Department of Education and HMOs
- Complete OR and model development papers for international dissemination at the IUATLD and APHA conferences
- Initiate documentation of best practices in OR and model development

## **Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication**

### **Task 3: DOTS Model Development**

**Objective:** To develop and implement enhancement plans to improve quality of DOTS services and to demonstrate potential for replication

**Major Accomplishments:**

- Finalized *Framework for Replicating Private-Public Mix DOTS Clinics*
- Distributed the *Framework for Replicating* to Philippine TIPS-supported DOTS clinics and collected initial feedback from the end users
- Conducted the TB Center of Excellence study tour
- Completed desk review and site report for the TB Center of Excellence

### ***Framework for Replicating Private-Public Mix DOTS Clinics***

During the third year, the project prepared and finalized the *Framework for Replicating Private-Public Mix DOTS Clinics*, based on the results of two situation analyses of four DOTS clinics: Manila Doctors Hospital, PhilamCare, De La Salle University DOTS clinics, and FriendlyCare Foundation DOTS-Cubao.

Solicitation of feedback on the *Framework for Replicating Private-Public Mix DOTS Clinics* has been slowed down by the clinics' preparations for the end-of-grant report and the second round of grants. So far, the team has received feedback from the PTISI-QI DOTS center, which comments on the framework's applicability, usefulness, and technical soundness. More comments are expected within the next quarter.

### **TB Centers of Excellence**

Work on the Center of Excellence model began with the implementation of a desk audit of local and international TB and related COE experiences. This was followed by the COE study tour by the members of the Philippine TIPS team to the Francis J. Curry National TB Center in San Francisco, New Jersey Medical School National TB Center in Newark and the Charles Felton Model TB Center in Harlem Hospital, New York City. However, due to changes in the work plan and budget constraints, the Center of Excellence initiative has been terminated in favor of other priority activities.

### **Next Quarter Targets**

- Finalize *Framework for Replicating Private-Public Mix DOTS Clinics* for printing
- Present DOTS models as innovative strategies to enhance accessibility and sustainability of quality DOTS services at the 36<sup>th</sup> IUATLD Conference
- Present PDI model during the 133<sup>rd</sup> APHA annual meeting and exposition

## **Deliverable E. Best TB DOTS approaches/service models implemented in at least 25 units located in strategic cities/large municipalities nationwide**

### **Task 4: DOTS Model Replication**

**Objective:** To implement through a grant program the replication of at least 20 DOTS units in strategic sites nationwide

**Major Accomplishments:**

- Successfully designed and implemented the DOTS clinics model through provision of DOTS Replication grants to 20 private clinics nationwide
- Designed a comprehensive data-based report on quality performance of DOTS clinics
- Developed revised implementation guidelines and performance monitoring systems for the second round of grants
- Organized and implemented pre-award activities
- Implemented DOTS in work place in the original four sites and prepared for installation in seven more sites

### **DOTS Replication Grant Program**

During year three, the project successfully developed and implemented a \$400,000 grant program in support of 20 private DOTS clinics nationwide. The results of the grant program are illustrated in Annex B which summarizes the clinics' performance against a set of medical and operational indicators. Some of the indicators are also reflected in the project's Performance Monitoring Plan (PMP), Annex A.

At the end of the initial one-year grant period, our DOTS clinics were offered additional financial support in anticipation of the second round of DOTS Replication Grant Program. Knowing that the second round aims to provide greater operational and financial sustainability, the grantees were provided with technical assistance to pursue quality improvements and address new performance indicators. For example, the grantees were encouraged to target 20 percent cost-recovery ratio and to start charging fees for their services. A number of enhancements proposed by the Business Planning and Financial Management (BPFM) team were implemented to increase referrals and paying patient load. (BPFM initiative is described in further detail in the Financing section of this report below.)

On August 15, 2005, the project officially released the Request for Applications (RFA) for the second round of grants. Given the technical and financial requirements of the program, only existing grantees qualified for new grants and were invited to the pre-award conferences in Manila and Cebu. However, only 17 of 19 eligible organizations submitted their proposals, while the others opted to continue DOTS operations without direct financial support from Philippine TIPS. Grant evaluation, selection and award are planned for the first quarter of year four.

## Quality Performance of the DOTS Clinics

In the implementation of the first round of grant, the project followed a thorough and comprehensive performance monitoring system tracking the clinics' progress against medical and operational indicators. For the second round of grants, the project designed new and improved performance indicators addressing quality, accessibility, patient satisfaction and sustainability of DOTS services. One of the key elements of the year four technical assistance work plan is the quality of services provided by the DOTS clinics.

While the new system will formally come into effect for the second round of grants, eleven clinics have already begun using it and submitted their latest quarterly reports based on the revised performance indicators. Among other elements, the new monitoring system emphasizes patients' satisfaction, comfort and waiting time during the consultation process. It also includes the patients' perception on the accessibility of the clinic and the patients' knowledge, attitudes and behavior related to TB. The table below illustrates the initial reports from the clinics:

**Patient Satisfaction and Knowledge, Attitudes and Practices**

Site	N	Waiting Time (minutes)	Consultation Satisfaction (% Score)	Comfort (% Score)	Accessibility (% Score)	Knowledge, Attitude and Practice
Cotabato	14	15	96 %	96 %	97 %	50 %
Canossa	61	44	93 %	85 %	93 %	50 %
Angeles	18	41	85 %	78 %	92 %	49 %
Kaltab	13	32	100 %	93 %	95 %	66 %
Premier	11	24	100 %	94 %	95 %	61 %
St Anthony	18	17	98 %	97 %	97 %	53 %
St Dominic	14	25	100 %	97 %	98 %	55 %
UST	12	20	97 %	93 %	83 %	52 %
Caremeds	20	39	96 %	91 %	92 %	49 %
RTR	17	16	96 %	97 %	95 %	46 %
Zamboanga	9	45	100 %	89 %	100 %	49 %
TOTAL	207	32	95 %	90 %	94 %	52 %

## DOTS in the Workplace

During this year, the Philippine TIPS consortium member and implementing partner Philippine Business for Social Progress (PBSP) completed workplace/workforce model installation and replication in Luzon, Visayas, and Mindanao. Eight Filipino-owned and four international corporations in the Philippines have implementing DOTS in the workplace/workforce models, with American Standard, Toyota, Central Azucarera Don Pedro and Aboitiz Transport System taking the lead. PBSP facilitated the replication of the above models in its other member companies, combining DOTS advocacy and capacity-building in the regional offices where replications took place.

During the 12<sup>th</sup> quarter, the project finalized its plans to expand DOTS in the workforce/workplace to seven new sites, which has gained more importance with the launch of the Department of Labor and Employment's DOTS in the Workplace D.O. The project developed the work plan for DOTS in the

workplace/workforce replication in seven additional sites and signed a subcontract with PBSP for its implementation in year four.

### **Next Quarter Targets**

- Evaluate grant proposals and award second round of grants
- Provide technical assistance and continuous monitoring of DOTS clinics
- Complete grant agreements with clinics previously supported by PhilCAT/CDC
- Launch demand generation campaign
- Explore linkages and proposed installation of DOTS in three MTBEA sites
- Begin DOTS in the workforce installation in seven new sites

## **Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers**

### **Task 5A: Training**

**Objective:** To promote DOTS in pre- and in-service training of private physicians and other providers.

**Major Accomplishments:**

- Successfully implemented the Master TB Educator Award 2 grant program
- Implemented the Association of Philippine Medical Colleges DOTS Continuity Framework
- Integrated DOTS syllabus in the Allied Health Professional Schools
- Conducted TBDC training
- Developed and enhanced DOTS training modules – Basic DOTS and National TB Control Program Training
- Prepared for the next round of Master TB Educator Award grants
- Generated commitment of key stakeholders to the allied health professional schools through a signing ceremony during the PhilCAT convention

### **Master TB Educators Award (MTBEA)**

The Master TB Educator Award grant program has focused on three key areas: implementation of Basic DOTS training for faculty and alumni, creation of linkages with existing DOTS centers or installation of own DOTS centers, and implementation of innovative teaching and learning strategies to incorporate DOTS in the curricula. In year three, the project conducted a mid-year mentoring session to enhance performance of the seven grantees, as well as an advocacy forum to increase the political commitment in each medical school. One of the highlights of the year was the highly successful MTBEA students fair held in June 2005 that featured exhibits, presentations by students, and contests for best videos and IEC materials.

During the last quarter, grant activities involved strengthening the curriculum integration in the medical schools through the production of DOTS syllabus modules for all year levels, evaluation of students and curricula, and implementation of improvements recommended by the Philippine TIPS project during mid-year evaluation.

### **DOTS Continuity Framework**

DOTS Continuity Framework is the project's strategy towards institutionalizing and sustaining DOTS program in the medical education. The framework envisions twinning non-MTBEA schools with MTBEA grant recipients to replicate DOTS curriculum, with the Association of Philippine Medical Colleges (APMC) playing the pivotal role. On June 18, 2005, a memorandum of agreement was signed with the APMC to ensure its commitment to coordinating and implementing the framework. Following the signing of the MOA, APMC selected seven schools to participate in the program and laid out the

mechanism for DOTS integration. Specific grant arrangements and implementation work plan will be developed in the coming quarter.

### **DOTS Syllabus Integration in the Allied Health Professional Schools**

One of our main achievements in year three was extending DOTS and DOTS-related pre-service training to allied health professional schools such as nursing, medical technology, and pharmacy. The project conducted a rapid training needs assessment from which DOTS training modules and revisions were developed through a series of curricula design workshops and validation by deans, faculty members and experts.

The first orientation/training was conducted in August 2005 and was attended by eighty deans from various allied health schools. This initiative culminated in the signing of a Declaration of Support by the Commission on Higher Education (CHED), Professional Regulation Commission (PRC), Philippine Association of Schools of Medical Technology/Public Health (PASMETH), Philippine Association of Medical Technologists (PAMET), Philippine Pharmaceutical Association (PPhA), Philippine Association of Colleges of Pharmacy (PACOP), Association of Deans of Philippine Colleges of Nursing, Inc (ADPCN) and Philippine Nursing Association (PNA).

### **DOTS Engaged Training Module**

During year three, the project developed the DOTS Engaged Training module that enhances the Basic DOTS Workshop for referring physicians. The module focuses on the evidence behind DOTS, such as recent data from private and public DOTS centers, analysis of the PPMD concept, and options for private practitioners on how to become DOTS-engaged. This one-day training module was tested with 40 physicians during the Philippine College of Physicians (PCP) convention in May 2005. Based on their feedback and subsequent revisions, which reduced the module to a half-day course, it was adopted by PhilCAT and DOH and is currently being cascaded by various organizations.

### **Philippine College of Radiology Training of Trainers (TOT)**

After a series of consultative meetings, a partnership between the Philippine College of Radiology (PCR) and Philippine TIPS was secured during year three. In lieu of a formal memorandum of agreement, PCR has put forward a Statement of Support of our initiatives particularly in the area of standardization of radiographic terms in PTB. The ceremonial signing of the Statement will be conducted during the PCR Asean Conference of Radiology, scheduled for January 2006 in Manila.

As part of our coordination with PCR, we have discussed the various roles of Philippine TIPS, PhilCAT and PCR in the implementation of a TOT for key personnel of each organization, chapter representatives and members of the academe institutions. PCR has formed a TB core group that will develop the training modules, and two of College's Past Presidents will act as Senior TB Advisers to provide technical expertise.

### **TB Diagnostic Committee (TBDC) Training**

During this year, the project conducted three roll-out training sessions on TBDC, which was attended by a total of 61 TB Diagnostic Committees and 230 TBDC members. The TBDC modules have been turned over to PhilCAT and DOH and utilized by various organizations.

### **National TB Control Program Course**

The National TB Control Program Managers Training Course is a comprehensive training on important aspects of TB control for current or potential TB program workers and managers from the Department of Health, local government units, nongovernmental institutions, and the private sector. The project built the capability of Philippine Tuberculosis Society Inc. (PTSI) in the development of the modules and the delivery of the two-week training, which was attended by at more 20 program managers nationwide.

### **Next Quarter Targets**

- Conduct MTBEA external evaluation
- Conduct TBDC training of trainers with PCR
- Present DOTS syllabus integration process and outcomes
- Conduct training of trainers on the Allied Health DOTS syllabus
- Finalize capacity building activities with PhilCAT
- Implement APMC DOTS continuity framework

### Task 5B: Certification

**Objective:** Implement a certification system for DOTS services to ensure adequate and quality service provision

**Major Accomplishments:**

- Developed and disseminated the *Manual for DOTS Assessors*
- Provided technical inputs to the national consultative workshop on certification
- Conducted the DOTS Assessor training
- Disseminated 1,000 copies of the Certification User's Guide for DOTS Center Applicants

### ***Certification User's Guide for DOTS Center Applicants***

With the increasing number of DOTS centers applying for certification, and the development of the Department of Health technical assistance package, the Philippine TIPS has shifted its focus from the implementation of certification write shops to a more practical and cost effective option of developing a certification user's guide for DOTS centers.

Through a series of key informant interviews, the draft *Guide* was developed, field tested to both certified and non-certified DOTS centers, and subjected to critique by a panel of experts representing PhilCAT, Department of Health NTP/Sentrong Sigla, and the LEAD project. The *Guide* was subsequently approved and adopted by the DOH, and has also been presented to the National Consultative Workshop on Certification held in February 2005 and attended by regional NTP coordinators and certification assessors. The project then proceeded to produce and disseminate 1,000 copies of the *Guide* to the DOH, PhilCAT and PhilHealth.

### **DOTS Assessors Training**

In response to the increasing need for private assessors in some regions, the project, in collaboration with the DOH, PhilCAT and LEAD, conducted a DOTS Assessors Training as part of the postgraduate course of the PhilCAT 2005 convention. Professional societies were asked to identify and nominate members from selected regions to be part of the assessors' team. The training was attended by over fifty participants.

### **Technical Assistance to PhilCAT, PhilHealth and the DOH**

As part of our continuous technical assistance to the DOH, PhilCAT and PhilHealth in the area of certification, the project participated in the National Consultative Workshop on Certification organized by the Department of Health. We initiated discussions with PhilCAT and DOH on future certification initiatives such as re-certification, report writing and decision making systems, and external quality assurance.

### **Next Quarter Targets**

- Initiate meetings with NCC PPMD on certification
- Provide technical assistance to PhilHealth on developing systems on the transition between certification and accreditation

### Task 5C: Communications

**Objective:** Promote DOTS strategy to private providers using behavior change communications (BCC), provide communications support to project tasks, and disseminate project's success stories and lessons learned.

**Major Accomplishments:**

- Conducted symposium on communications and advocacy for TB control
- Prepared for and implemented project participation at various major international conferences such as the IUATLD and APHA
- Supported the launching of TB in workplace guidelines of Department of Labor and Employment
- Completed design of the DOTS clinic branding
- Developed prototype academic detailing sheets
- Facilitated PhilCAT website construction and launching during 12<sup>th</sup> PhilCAT annual convention
- Organized a write shop for the Department of Health's health promotion handbook for the National Tuberculosis Control Program.
- Prepared various write-ups about project activities

### Communications Support to Project Tasks and DOTS Models

On August 17, 2005, the Philippine TIPS project organized a communications symposium as part of the 12<sup>th</sup> PhilCAT Annual Convention in Manila. The symposium, entitled *Getting the Message Right - A Symposium on Advocacy and Communications for TB Control*, was attended by 120 convention delegates and addressed such issues as knowledge and advocacy strategies to resolve local TB challenges, improving communications techniques of key players, and effective use of media and other communications channels to deliver TB DOTS messages. During the convention, the project also hosted an exhibit booth featuring project profile, success stories and PhilCAT's website that was developed with financial and technical assistance from the project (see more below).

As part of our year three communications strategy, we provided technical and logistical assistance to the Occupational Safety and Health Center of the Department of Labor and Employment (OSHC-DOLE) in publicly launching its Department Order (DO) 73-05 or the *Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace* in July 2005. Among those present at the launch were senior officers from USAID, Trade Union Congress of the Philippines, Employers Confederation of the Philippines, National Labor Relations Commission, Philippine Coalition Against Tuberculosis, Department of Health, and the World Health Organization. Undersecretary Ethelyn Nieto of the Department of Health also attended. The project facilitated the publishing of the D.O. in *Manila Bulletin*, which established the executive statute of the Order as companies are required to comply with the D.O. thirty days after its publication in a major newspaper.

During the 12<sup>th</sup> quarter, the project provided technical assistance to the National Center for Health Promotion and to the Infectious Disease Office of the Department of Health to implement a Health Promotions Handbook for the National Tuberculosis Control Program of the Philippines. The writeshop served as a follow-up activity for the NTP Manual of Procedures writeshop that was facilitated by the project in June 2004. Participants included Health Education and Promotion Officers and Information Officers from different Centers for Health Development, DOH central office staff and representatives from various partner agencies working for the public and private sectors.

During this year, the project also continued to provide resource support and technical assistance in the development of the PhilCAT website with its soft launch on August 17, 2005 at the opening of the 12<sup>th</sup> PhilCAT annual convention. In addition to content editing and website graphics design, Fuse Media, the web design agency contracted by Philippine TIPS has also developed a Content Management System (CMS) that will automate and simplify website updating process.

### **Dissemination of Project Results and Lessons Learned**

Philippine TIPS has initiated the production of two educational and advocacy videos to document the project's experiences and lessons learned, and to provide a comprehensive high-impact overview of our initiatives and role of the private sector in TB control. Both videos will have a running time of 12-15 minutes and will be released in VHS and DVD formats in English with subtitles, if necessary. The first video, entitled *Role of the Private Sector in TB Control in the Philippines, and why DOTS is the Best Strategy* will discuss the role of private clinics, doctors, medical schools, drugstores, business companies, NGOs, civic organizations like the Rotary, faith-based organizations, and allied health workers, and will feature such TB champions as Dr. Camilo Roa, Dr. Charles Yu, Dr. Lee Reichman, Dr. Jean Olive, Dr. Sanchez, Dr. Tinio, and Dr. Peña. The second video, *Engaging the Private Sector – Scaling up and Sustaining PPMD Models in the Philippines*, will highlight lessons learned from the implementation of Philippine TIPS.

To further publicize the results of the Philippine TIPS project, the team has developed several write-ups of significant project activities. Some of these were sent to *USAID Weekly*, which is circulated globally by USAID/Washington while others were shared internally with members of the OPHN email group.

### **Social Marketing and Communications Support to Improve Referrals**

Promoting consistent branding and image of the private DOTS clinics, the project has designed a PPMD service mark, or seal. The design has been originally developed for the Pharmacy DOTS initiative and has been tested in focus group discussions and through PDI implementation nationwide. The PPMD seal not only a recognizable graphical display that calls attention to the clinic and attracts walk-in clients, but also a seal of a quality DOTS service similar to the *Sentrong Sigla* quality seal of the Department of Health. It can also be a recurring graphical symbol for branding all types of clinic IEC materials, including academic detailing sheets and patient education materials.

### **Behavior Change Communications (BCC) Interventions**

A significant proportion of clients coming to project-assisted DOTS clinics are referrals from other physicians. For this reason, the clinics need to maintain good relationships with referring physicians and are expected to increase the number of new referring physicians. To help the clinics with this task, we have developed an academic detailing kit consisting of a one-page graph showing socio-economic burden of TB, key components of DOTS strategy, benefits of working with a DOTC clinics, TB treatment guide, and some other leave-behind educational materials. Still being developed are detailing sheets on the PhilHealth TB outpatient package, a laminated card containing the National TB Control Program's TB Treatment Flowchart, and an illustrated folder to contain the detailing materials.

## **IEC in Support of Patient Education and Providers' Promotion of DOTS**

In the course of the year, the project has developed various TB DOTS communication materials for informed decision-making, behavior-change, capacity building, and awareness among policy makers and service providers. One of such materials is a patient education brochure aimed at enhancing treatment compliance, which includes a chart that helps patients and treatment partners to monitor the six-month drug therapy. The package also includes information on the importance of completing treatment, responsibilities of treatment partner and DOTS guidelines, and possible side effects.

### **Next Quarter Targets**

- Provide social marketing and communications support to DOTS clinics to improve referrals
- Conduct evidence-based BCC interventions to help increase the number of DOTS-engaged MDs
- Develop IEC materials to support patient education and providers' DOTS-promotion work
- Continue to provide communications support to project tasks and DOTS models
- Disseminate project results and lessons learned to the national and international TB community through success stories, new exchanges among partners, publications, special events, and documentation of best practices

## **Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups**

### **Task 6: Financing**

**Objective:** To develop a financing mechanism that gives incentives to those who provide direct DOTS services and to those who invest in developing and improving the quality of DOTS services.

**Major Accomplishments:**

- Developed Business Planning and Financial Management (BPFM) reference guidelines, guidebook and monitoring instruments
- Conducted BPFM workshops
- Provided BPFM training to DOTS clinics
- Conducted roundtable discussions on TB financing
- Developed financing framework for the intensified TB control policy
- Presented TB financing framework during the TB policy forum
- Drafted financing strategies for implementing intensified TB control
- Continued dialogue with PhilHealth on TB DOTS accreditation and benefit utilization

### **Business Planning and Financial Management of DOTS Clinics**

In recognition of the need to support financial viability of project-supported DOTS clinics, the project undertook a Business Planning and Financial Management (BPFM) initiative to develop business planning and financial management guidelines for the clinics, design and deliver a BPFM training session, and conduct a series of post-training on-site monitoring and coaching visits.

We presented the draft BPFM materials to the clinics during their mid-year evaluation in January 2005 in Davao City. Following this, the project prepared a training module that was subsequently previewed and assessed during a dry run attended by senior officials of the DOH, PhilHealth, and UniLab DOTS clinic. During the dry run, we assessed applicability of the training method, subject matter coverage, and reading materials/exercise sheets. Feedback from the dry run concentrated on the relevance of the materials to the size and scope of clinic operations and its personnel functions.

In March 2005, two batches of the BPFM training were conducted using the modified training module. Key objectives of the training were to introduce business planning and financial management as tools for ensuring sustainability, to develop business skills and understanding of business planning concepts, to provide a venue for sharing of business and financial information among the clinics, and to discuss future sustainability strategies.

Following the training session, the project conducted a series of monitoring and coaching workshops in Puerto Princessa, Dagupan, Roxas City, Iloilo, Davao, Tacloban, Tondo, Cabanatuan, Angeles, Cebu

City, and Zamboanga City. Final recommendations and guidelines included the process of business plan development, and the description of financial management systems to monitor financial sustainability.

### **BPFM and Financial Sustainability of DOTS Clinics**

As part of its DOTS clinics monitoring activity, the BPFM team conducted a review of their financial sustainability potential and provided recommendations for the second round of grants, which envision cost-recovery performance indicators. These recommendations were subsequently distributed and discussed within the team during the development of grant eligibility and performance criteria for the extension year. To assist the grant extension activity, USAID contracted Dr. Peter Connell to conduct an external assessment of the clinic's financial systems and provide strategic recommendations for year four vis-à-vis the Mission's goal to transfer service delivery costs from USAID funding. The project worked closely with Dr. Connell to collect and analyze data from the clinics and to determine best ways of addressing their financial viability after USAID funding ends. Dr. Connell's recommendations were subsequently incorporated in the Philippine TIPS grant program.

### **TB Financing Framework**

TB Financing Framework is a continuation of the TB Policy Analysis that assessed the financial burden of treating TB population using TB DOTS. This initiative develops a financing framework that supports provision of TB DOTS under the basic guiding principles of allocative and technical efficiency. As an initial activity, the project conducted a review of sector-wide financing issues and examined current sources of financing as well as strategic options that could be pursued either by government or the private sector.

The data collection activities in July 2005 were followed by roundtable discussions with public sector (DOH, NEDA, Leagues of Cities/Municipalities and Barangays, GSIS) and private sector (PhilHealth, SSS, ECC, WHO, EU, USAID, World Bank, ADB) stakeholders on the viability of existing sources of financing, as well as identifying strategic options to increase available funds for TB DOTS. These data collection efforts led to the drafting of financing framework that was presented during the TB policy forum for intensified TB control on August 16, 2005 at the PhilCAT pre-convention.

### **Technical Assistance to PhilHealth**

Initial assistance provided by Philippine TIPS to PhilHealth focused on facilitating certification and accreditation of DOTS clinics. The project has been in close collaboration with the PhilHealth Quality Assurance Research and Policy Division Group (QARPD) in developing and testing of certification standards, ensuring their compatibility with PhilHealth accreditation requirements, and in training of certification assessors. Philippine TIPS also responded to a request by PhilHealth to train selected public sector DOTS providers and PhilHealth staff on certification self-assessment.

During the 12<sup>th</sup> quarter, PhilHealth and Philippine TIPS collaborated on internal documentation of TB DOTS certification process in relation to the paper that Philippine TIPS had submitted for the APHA

convention in November 2004. The paper was drafted based on literature review and interview of key informants, including PhilHealth Vice-President for Quality Assurance.

The project continues its dialogue with the QARPD group and is presently preparing a set of technical assistance on improving the utilization of TB outpatient benefits package and enhancing the beneficence of TB outpatient benefits reimbursements.

### **Next Quarter Targets**

- Finalize TB financing framework and draft financing strategies for the intensified TB control effort
- Develop implementation and financing plan for the *Sagip-Baga* Quezon City program
- Continue technical assistance to PhilHealth for fast-tracking TB DOTS accreditation and enhancing TB DOTS benefit utilization

## **PhilCAT Organizational Development**

With the expiration of the Philippine TIPS subcontract with PhilCAT on August 31, 2005, the project has completed three areas of cooperation covered by the subcontract: design and execution of the national TB management course in late 2004, deployment of a training and certification manager to the project from PhilCAT, and technical assistance to six professional societies provided by PhilCAT consultants. All three areas of cooperation were reported in the PhilCAT convention in August 2005, and acknowledged by the PhilCAT chair as significant contributions to TB control in the private sector. Separate symposia were conducted for the protocols for pediatrics and adult TB which were received well at the convention.

During this quarter, Philippine TIPS also completed its multi-year organizational development assistance to PhilCAT with the submission of the organization's governance manuals that were accepted by the PhilCAT board. A new constitution and bylaws, organizational set-up and website were also featured during the PhilCAT convention, which served as a culminating activity for TIPS cooperation with PhilCAT since late 2002.

In the option year, the new leadership in PhilCAT and Philippine TIPS plan to re-negotiate the existing memorandum of agreement between the two organizations and identify continuing areas of cooperation in the fourth year of the project.

## **SECTION III**

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### Status toward Achieving Sustainability of Efforts

Sustainability of various project initiatives, as well as market and financial sustainability of specific project-supported DOTS clinics are closely integrated in the implementation strategy and reflected in the reports on individual project components. Thus, we no longer provide a separate section on Status towards Achieving Sustainability of Efforts. Starting with next quarterly report, this section will be eliminated from the reporting format.

## SECTION IV

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### Outstanding Issues and Measures Taken or Options to Address the Issues

- The early exercise of the project's extension year posed certain programmatic, operational and financial difficulties. For example, time frame and budgets for such activities as bridge financing for DOTS clinics, DOTS in the workforce program and support for clinics previously funded by PhilCAT/CDC had to be adjusted to reflect the new implementation schedule. Other important programmatic activities under the Supply and Policy and Finance tasks had to be revisited, and schedules and budgets adjusted. The project has successfully resolved these organizational and programmatic challenges, and continues to address the financial issues to comply with commitments made to these organizations.
- Due to the Philippine TIPS budget limitations in year four, the policy and finance team had to scale down the breadth of its scope and to focus mainly on the implementation of contract deliverables. We have also attempted to seek external sources of funding for critical activities that will advance the policy agenda and initiatives for effective private sector involvement in TB control. In lieu of developing action plans for the DOLE DO 73-05 and covenants with providers (professional medical and diagnostic societies) and employers (ECOP), the project plans to provide in-house technical assistance to concerned parties in developing these plans. The level of effort for technical assistance to PhilHealth may also be reduced with most of the work undertaken the project team.

The project will likewise coordinate with the LEAD project for co-financing of joint activities, in particular, the advance implementation of the intensified TB control policy in selected primary sites. The team is also exploring possible co-financing with JICA and other donor agencies in the implementation of the Quezon City *Sagip-Baga* program.

- Given the programmatic and financial constraints, the project will conduct only one operations research study in year four – the IPHM study on the private providers' KAP towards TB DOTS. The study will begin in November 2005 and will be completed in the second quarter of 2006.
- Philippine TIPS plans to re-negotiate its agreement with PhilCAT for the extension year to reflect the improved organizational capacity of PhilCAT to provide not only technical support but also program support to Philippine TIPS objectives. This will be the basis for our cooperation with PhilCAT as a continuing consortium partner in 2005-06, reflected in a grant agreement to be signed by December 2005.

## **ANNEXES**

## ANNEX A – PERFORMANCE MONITORING PLAN

Indicator/Definition	Baseline Value	Actual Value End of 12 <sup>th</sup> Quarter	Target Value
8. TB treatment success rate	n/a	87%	85%
9. Number of certified DOTS engaged medical doctors	0	<ul style="list-style-type: none"> <li>1100 total certified DOTS MDs (including TIPS, TBDC and PhilCAT)</li> <li>704 certified MDs in TIPS sites of which 475 are referring MDs</li> </ul>	600
10. Number of certified private DOTS programs/clinics/centers	0	<ul style="list-style-type: none"> <li>41 PhilCAT-certified <u>private</u> PPMD units out of 153 total nationwide</li> <li>23* PhilCAT-certified PPMDs directly supported by the project, of which 15 are PHIC-accredited (*includes 20 original TIPS grantees and 3 units previously supported by CDC/PhilCAT)</li> </ul>	31
11. Practice of private physicians on DOTS in 25 sites (measured twice during life of project)	n/a	20%-25%	50%
12. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	15 covenants: <ul style="list-style-type: none"> <li>6 societies</li> <li>2 pharmacy chains</li> <li>2 pharmacies</li> <li>PhilHealth</li> <li>2 companies</li> <li>2 Rotary districts</li> </ul>	13
13. Access of private sector to TB health services financing and affordable and quality TB drugs	0	24 private clinics have access to medicines: <ul style="list-style-type: none"> <li>20 TIPS grantees</li> <li>4 workplace clinics</li> <li>PhilHealth TA partially accomplished</li> </ul>	Coordination of improved benefits piloted (PhilHealth package and PDF)
14. Proportion of Philippine TIPS-supported TB DOTS centers with 85% treatment success rate	n/a	58%	n/a

*Indicator #7 is not part of the Philippine TIPS contract Performance Monitoring Plan*

## ANNEX B – PPMD PERFORMANCE

### Case Holding and Treatment Outcome (*Linked to PMP Indicator #1: Success Rate\**)

Region	City	Site	Catchment Population	New Smear (+) Treatment Outcome					Re-treatment (+) Outcome					Smear (-) Outcome		EP Outcome		Overall	
				# pxs (finished 6-9 mos)	cured	completed	Cure Rate	success rate	# pxs (finished 6-9 mos)	cured	completed	Cure Rate	success rate	# pxs (finished 6-9 mos)	completed	# pxs (finished 6-9 mos)	completed	Total # pxs (finished 6-9 mos)	Overall success rate
I	Laoag	DAARCH	39,437	8	5	3	63%	100%	0	0	0			1	1	2	2	11	100%
I	Dagupan	VVMF	307,211	19	19	0	100%	100%	6	0	0			6	6	0	0	31	81%
III	Angeles	AUFMC	464,000	14	2	12	14%	100%	19	4	15	21%	100%	12	12	1	0	46	98%
III	Cabanatuan	PGHNEI	98,269	7	6	0	86%	86%	8	3	3	38%	75%	6	6	0	0	21	86%
NCR	Quezon	PTSI QI	123,054	45	40	0	89%	89%	2	1	0	50%	50%	14	13	0	0	61	89%
NCR	Manila	PRFPI-UST	298,294	9	8	0	89%	89%	5	4	0	80%	80%	0	0	4	3	18	83%
NCR	Manila	Canossa H&SC	63,400	20	17	0	85%	85%	0	0	0			13	13	1	1	34	91%
IVA	Cavite	St.Dominic MC	124,432	21	16	3	76%	90%	0	0	0			7	7	0	0	28	93%
IVA	Batangas	KALTB-SAMBADI	123,348	14	12	0	86%	86%	0	0	0			20	11	0	0	34	68%
IVB	Puerto Princesa	Agape Rural Program	45,887	14	12	0	86%	86%	4	2	0	50%	50%	12	11	0	0	30	83%
V	Naga	SSDI	147,652	9	6	0	67%	67%	1	1	0	100%	100%	0	0	0	0	10	70%
VI	Iloilo	CICAT DOTS	151,324	19	12	5	63%	89%	0	0	0			0	0	0	0	19	89%
VI	Roxas	St. Anthony Hospital	130,181	12	8	3	67%	92%	0	0	0			5	4	0	0	17	88%
VII	Cebu	Cebu TB Pavillion	101,141	23	20	0	87%	87%	10	10	0	100%	100%	5	4	4	4	42	90%
VIII	Tacloban	Care Meds	102,966	4	4	0	100%	100%	1	0	0			5	1	0	0	10	50%
VIII	Tacloban	RTRMF	36,712	3	3	0	100%	100%	2	0	0			10	8	0	0	15	73%
IX	Zamboanga	ZCMS PPMD	88,000	28	23	0	82%	82%	0	0	0			3	3	1	1	32	84%
XI	Davao	PATHS	256,236	37	32	0	86%	86%	0	0	0			3	3	1	1	41	88%
XI	Davao	HMRGFI	150,000	22	19	0	86%	86%	3	2	0	67%	67%	12	12	0	0	37	89%
XII	Cotabato	CDC TB DOTS CTR	100,000	10	6	0	60%	60%	0	0	0			1	1	0	0	11	64%
TOTAL			2,951,544	338	270	26	80%	88%	61	27	18	44%	74%	135	116	14	12	548	86%

**\*Success rate is calculated by adding cure rate (sputum positives) to treatment completion rate (sputum negatives), divided by the total number of patients enrolled in the program.**

## ANNEX C – PPMD CERTIFICATION AND ACCREDITATION STATUS

Region	Grantee	City	RCC Assessed	PhilCAT Certified	PHIC Accredited
I	Dr. Antonio A. Ranada Clinic and Hospital Dr. Vivencio Villaflor Sr. Medical Foundation	Laoag City	Yes	Yes	No
		Dagupan City	Yes	Yes	Yes
III	Angeles University Foundation Medical Center Premiere General Hospital of Nueva Ecija, Inc.	Angeles City	Yes	Yes	No
		Cabanatuan City	Yes	Yes	Yes
NCR	Pulmonary Research Foundation of the Philippines, Inc/UST Canossa Health and Social Center Philippine Tuberculosis Society, Inc.	Manila	No	Yes*	Yes*
		Manila	Yes	Yes	Yes
		Quezon City	No	Yes*	Yes*
IV-A	St. Dominic's Medical Center	Bacoor	Yes	Yes	No
IV-B	Samahan ng Batanguenong Diabetiko, Inc.	Batangas City	Yes	Yes	No
	Agape Rural Program	Puerto Princesa	Yes	Yes	Yes
V	South Star Drug, Inc.	Naga City	Yes	Yes	No
VI	St. Anthony College Hospital Citizens (Iloilo) Coalition Against Tuberculosis, Inc	Roxas City	No	Yes	No
		Iloilo City	Yes	Yes	No
VII	Cebu TB Pavilion	Cebu City	Yes	Yes	No
VIII	CareMeds, Inc. Remedios Trinidad Romualdez Medical Center	Tacloban City	Yes	Yes	Yes
		Tacloban City	Yes	Yes	No
IX	Zamboanga City Medical Society	Zamboanga City	Yes	Yes	Yes
XI	Peoples Adoption to Health Systems Health Maintenance Research Group	Davao City	Yes	Yes	Yes
		Davao City	Yes	Yes	Yes
XII	Cotabato Doctors Clinic	Cotabato City	Yes	Yes	No

*\*Assessed and certified by PhilCAT and accredited by PHIC prior to the Philippine TIPS grant*